



SUBURBAN
Ear, Nose & Throat
Associates, Ltd.

Lon J. Petchenik, M.D.
George Smyrniotis, M.D.
Glenn J. Schwartz, M.D.
Kirk R. Clark, M.D.
Allan A. Ho, M.D.
Maria L. Wittkopf, M.D.
Marci J. Pugnale, M.D.

• Diseases of the Ear, Nose & Throat
• Adults and Children
• Head and Neck Surgery
• Facial Cosmetic and
Reconstructive Surgery

Emeritus
Ralph A. Casciaro, M.D.
Henry Rabinowitz, M.D.
Byron I. Eisenstein, M.D.

TONSILLECTOMY (with or without ADENOIDECTOMY)

POST-OPERATIVE CARE / INSTRUCTION SHEET and SURGICAL INFORMED CONSENT

TWO WEEKS BEFORE SURGERY: Avoid all non-steroid anti-inflammatory drugs (NSAIDs), including products containing aspirin, ibuprofen, Advil, Motrin, naproxen and others for 2 weeks prior to surgery. Taken prior to surgery, these medicines may increase the risk of bleeding. In addition fish oil, vitamin E and other supplements should be stopped as they may also increase the risk of bleeding. Also, discontinue all homeopathic or alternative medicines such as ginkgo biloba or ginseng. These too, may increase bleeding.

Depending on the facility that the surgery is scheduled, pre-operative tours of the facility may be available. This may be educational and soothing for your child when the day of surgery arrives. Please let us know if this might be of interest to you.

NIGHT BEFORE SURGERY: No solid foods (that includes milk, cream etc.) for 8 hours prior to surgery. Typically this means no solid foods after midnight before the surgery. Small volumes of clear liquid may be drunk up to 4 hours prior to surgery (examples: water, tea, Gatorade, or coffee with NO milk or cream). If your child is still nursing, you may nurse up to 4 hours before surgery.

HOSPITAL STAY: Tonsillectomy in children and adults is most often performed as an out-patient and does not require an overnight hospital stay. However, small children, or patients for other medical reasons may need to stay overnight. Check with your insurance company to see if this hospitalization is covered by your policy. A decision to admit overnight may be made after surgery if necessary.

LAB WORK: For this surgery, lab work is occasionally requested. It is done prior to surgery. If surgery is done as an out-patient, labs may be obtained just after the preoperative examination, or arranged for another time. Your insurance carrier may dictate the lab where the blood is drawn.

POSTOPERATIVE INSTRUCTIONS and POSSIBLE COMPLICATIONS/RISKS:

- Bleeding** – Bleeding is defined as continuous bright red blood from the nose or bright red blood expectorated from the mouth or vomited out. If bleeding occurs, it rarely happens within the first 24 hours. It usually occurs between the 7th to 12th day, but may occur up to two weeks after surgery. About 3-5% of children and 6-10% of adults will experience significant bleeding post-operatively. To help minimize the possibility of bleeding, avoid foods with rough edges, such as pretzels, potato chips, cookies, carrots and spicy foods. Because of the possibility of bleeding, do not leave children home alone during the post-operative period. If bleeding occurs call our office number (847) 259-2530. If there are any delays, go directly to the Emergency Room. If bleeding is heavy, call 911. Most often post-operative bleeding requires a return to the operating room for control.
- Pain** – Pain after tonsillectomy is common and may be severe. It may be the ‘worst sore throat of your life’. It is usually moderate for a few days, then escalates for the next 3-8 days, then dramatically improves over the next day or so. Pain is worst at night and in the mornings. Severe ear pain may also be felt. This is referred from the tonsil region, and is typically not a primary ear infection. Use Tylenol (acetaminophen), ibuprofen if suggested, or the prescribed narcotic pain medication as prescribed. Often a dose of the pain medicine before bedtime helps with the nighttime pain. Sometimes Cepacol lozenges help take the edge off the pain. An ice pack to the outside of neck often feels good also. If the pain prevents adequate fluid intake, or if the ear pain is intolerable, please call our office.
- Burn** - There is a remote risk of burn injury with electric cautery or Coblation® surgery.

Initials: _____

Since 1961 — Celebrating 50+ years of community service providing compassionate, state-of-the-art healthcare

880 West Central Road • Suite 7200
Arlington Heights, IL 60005

Telephone: 847.259.2530 • Fax: 847.259.4930
www.subENT.com

1555 Barrington Road • Suite 530
Hoffman Estates, IL 60169

4. **Hydration** – It is very important that patient drink plenty of fluids to help prevent dehydration and post-operative fever. The parent may need to be insistent about fluid intake. Avoid citrus juices because they sting. The color of the fluid taken in does not matter. If the fluid intake is too low, an elevated temperature may be noted. Milk products may tend to make secretions appear thicker, but it is OK to hydrate with dairy products. Avoid – orange, grapefruit or pineapple juice. Accepted fluids – water, Gatorade, apple juices, orange or grape drink, dairy products, etc. One may drink soft drinks, popsicles, slushies, and milkshakes. Cold generally feels good in the throat after surgery.
5. **Eating** – Do not be alarmed if eating is poor up to ten days. There is usually a five to ten pound weight loss in children or adults after tonsillectomy. However, this will be regained after the healing is finished. Jell-O and popsicles are okay for the first two days, but they are no substitutes for food. As a general rule, let the patient’s taste be the guide. We allow most all foods except those that can burn (spicy or citrus), or scratch (chips, fries). Remember, fluids in the post-operative period are more important than foods, but food may be eaten as desired.
6. **Fever** – The patient may have low grade temperature (up to 101). This will be most noticeable in the morning. It is recommended that you increase the fluid intake. Liquid Tylenol will also decrease the fever. Call us if temperature is >101 or persistent.
7. **Bad breath** – This is produced by the scabbing in the throat, is often quite pronounced, and may last up to ten days. Also, the large amount of mucous in the throat will subside as healing progresses. Avoid gargling.
8. **Stiff neck** – This is an occasional complaint and is caused by spasms of the neck muscles. This will subside as healing continues. Pain medication will help. If severe or persistent, please call us.
9. **Tongue numbness/Taste Change** - During tonsillectomy and/or adenoidectomy, an instrument is used to push the tongue into a position so that the surgery can easily be performed. The pressure from the instrument on the tongue occasionally can cause the sides or tip of the tongue to feel numb, or cause a temporary change in taste for a couple weeks. Sometimes parts of the tongue will swell for a few days. Additionally there is a remote risk of tongue weakness or partial paralysis from the mouthpiece. These problems are very uncommon and typically subside spontaneously. Very rarely would these be permanent.
10. The uvula (tissue which hangs down from the middle of the palate), may get extremely swollen. This is a normal reaction to the surgery and subsides in several weeks. The whitish material in the tonsil bed is a scab and not pus. This causes the odor discussed above, which subsides as the new lining grows over the muscle.
11. **Voice Changes** - Most often, the voice changes noted after tonsillectomy and/or adenoidectomy are desirable. This is related to the increased space and improved air flow in the postnasal area after adenoidectomy and in the back of the throat after tonsillectomy. On occasion, some individuals may regurgitate fluid through their nose while drinking, which is temporary. Rarely, is this permanent. In addition, the voice may be too airy (hypernasal) temporarily. The risk of permanent hypernasality (termed velo-pharyngeal insufficiency), is rare, occurring about 1 in 2000 adenoidectomy patients
12. Activity - Casual activities for 2 weeks. The amount of activities should be judged on the basis of how the patient feels and common sense. Children will usually be out of school for a week to ten days or until follow-up visit. No physical activity such as gym or recess should be allowed for two weeks after tonsillectomy. Let the teacher know where you as a parent can be located in case of an emergency, and also give them our phone number.
13. **Non-resolution** – Most often, the symptoms that led to the recommendation for surgery will be completely resolved. If sleep-disordered breathing persists (snoring, etc.), please notify us, as this may require further testing. Please contact us if recurring infections persist also.

As with any type of surgery, the risks of **anesthesia** such as drug reaction, breathing difficulties and even death are possible. Please discuss these risks with your anesthesiologist.

Initials: _____

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I have sufficient information to give this informed consent. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient name **printed**: _____

Patient **signature**, or if applies Parent/Guardian/POA **signature**: _____

If applies, Parent/Guardian/POA **printed** name: _____

If applies, Parent/Guardian/POA **relationship** to patient: _____

Date: _____ Time: _____

Witness: _____ Date: _____